

Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040A) shows a refund due to you in the amount of \$2,464.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2017. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return
2016 Federal Tax Return Summary	Adjusted Gross Income \$ 52,690.00 Taxable Income \$ 42,340.00 Total Tax \$ 6,353.00 Total Payments/Credits \$ 8,817.00 Amount to be Refunded \$ 2,464.00 Effective Tax Rate 12.06%

Your first name and initial	Last name	OMB No. 1545-0074
Nicole I	Mattiace	Your social security number 065 78 1145
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street		Apt. no. PVT
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Floral Park NY 11001		
Foreign country name	Foreign province/state/county	Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You Spouse

Filing status Check only one box.	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____		
b <input type="checkbox"/> Spouse	c Dependents:			
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
d Total number of exemptions claimed. 1				

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	54,307.
Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required.	8a	
If you did not get a W-2, see instructions.	b Tax-exempt interest. Do not include on line 8a.	8b	
	9a Ordinary dividends. Attach Schedule B if required.	9a	
	b Qualified dividends (see instructions).	9b	
	10 Capital gain distributions (see instructions).	10	
	11a IRA distributions. 11a	11b Taxable amount (see instructions).	11b
	12a Pensions and annuities. 12a	12b Taxable amount (see instructions).	12b
	13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
	14a Social security benefits. 14a	14b Taxable amount (see instructions).	14b
	15 Add lines 7 through 14b (far right column). This is your total income . ►	15	54,307.

Adjusted gross income	16 Educator expenses (see instructions).	16	
	17 IRA deduction (see instructions).	17	
	18 Student loan interest deduction (see instructions).	18	
	19 Tuition and fees. Attach Form 8917.	19	1,617.
	20 Add lines 16 through 19. These are your total adjustments .	20	1,617.
	21 Subtract line 20 from line 15. This is your adjusted gross income . ►	21	52,690.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040A (2016)

Tax, credits, and payments	22 Enter the amount from line 21 (adjusted gross income).	22	52,690.
	23a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind checked ► 23a <input type="checkbox"/>		
Standard Deduction for—	b If you are married filing separately and your spouse itemizes deductions, check here ► 23b <input type="checkbox"/>		
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	24 Enter your standard deduction .	24	6,300.
	25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	46,390.
	26 Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
	27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income . ► 27	27	42,340.
	28 Tax , including any alternative minimum tax (see instructions). 28	28	6,353.
	29 Excess advance premium tax credit repayment. Attach Form 8962. 29	29	
	30 Add lines 28 and 29. 30	30	6,353.
	31 Credit for child and dependent care expenses. Attach Form 2441. 31	31	
	32 Credit for the elderly or the disabled. Attach Schedule R. 32	32	
	33 Education credits from Form 8863, line 19. 33	33	
	34 Retirement savings contributions credit. Attach Form 8880. 34	34	
	35 Child tax credit. Attach Schedule 8812, if required. 35	35	
	36 Add lines 31 through 35. These are your total credits . 36	36	
	37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37	37	6,353.
	38 Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/> 38	38	
	39 Add line 37 and line 38. This is your total tax . 39	39	6,353.
	40 Federal income tax withheld from Forms W-2 and 1099. 40	40	8,817.
	41 2016 estimated tax payments and amount applied from 2015 return. 41	41	
	42a Earned income credit (EIC). No 42a	42a	
	b Nontaxable combat pay election. 42b	42b	
	43 Additional child tax credit. Attach Schedule 8812. 43	43	
	44 American opportunity credit from Form 8863, line 8. 44	44	
	45 Net premium tax credit. Attach Form 8962. 45	45	
	46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments . ► 46	46	8,817.
Refund	47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid . 47	47	2,464.
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	48a Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/> 48a	48a	2,464.
	► b Routing number <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d Account number <input type="checkbox"/>		
	49 Amount of line 47 you want applied to your 2017 estimated tax . 49	49	
Amount you owe	50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions. ► 50	50	
	51 Estimated tax penalty (see instructions). 51	51	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Joint return? See instructions. Keep a copy for your records.	Designee's name ►	Phone no. ►	Personal identification number (PIN) ► <input type="checkbox"/>
Sign here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		
	Your signature	Date	Your occupation
			Mental health aide (516) 488-7153
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>
Paid preparer use only	Print/type preparer's name	Preparer's signature	Date
			Check ► <input type="checkbox"/> if self-employed
	Firm's name ► Self-Prepared	Firm's EIN ►	
	Firm's address ►	Phone no.	

Nicole T. Mattiace

Your social security number
065-78-1145



You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin: ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.

- ✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2016 Form 1040 instructions for line 36.

1	(a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name	Last name		
	Nicole I	Mattiace	065-78-1145	1,617.
2	Add the amounts on line 1, column (c), and enter the total			2 1,617.
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15			3 54,307.
4	Enter the total from either:			4
	<ul style="list-style-type: none"> • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18. 			
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you cannot take the deduction for tuition and fees			5 54,307.
	<small>*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970, chapter 6, to figure the amount to enter on line 5.</small>			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?			6 1,617.
	<input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000.			}
	<input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000.			

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Nicole I Mattiace

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status	Single	Single	Single	Single	Single
Total income	293.	28,674.	52,301.	47,308.	54,307.
Adjustments to income					1,617.
Adjusted gross income	293.	28,674.	52,301.	47,308.	52,690.
Tax expense	3.	1,172.	2,603.	2,425.	2,838.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					0.
Other Itemized Deductions					
Total itemized/standard deduction . . .	5,950.	6,100.	6,200.	6,300.	6,300.
Exemption amount . . .	3,800.	3,900.	3,950.	4,000.	4,050.
Taxable income	0.	18,674.	42,151.	37,008.	42,340.
Tax.		2,355.	6,400.	5,093.	6,353.
Alternative min tax . . .					
Total credits		200.			
Other taxes					
Payments	21.	3,610.	8,316.	7,465.	8,817.
Form 2210 penalty . . .					
Amount owed					
Applied to next year's estimated tax . .					
Refund.	21.	1,455.	1,916.	2,372.	2,464.
Effective tax rate % . . .	0.00	7.52	12.24	10.77	12.06
**Tax bracket %	10.0	15.0	25.0	15.0	25.0

**Tax bracket % is based on Taxable income.

Federal Information Worksheet

2016

► Keep for your records

Part I – Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name Nicole
 Middle initial I Suffix
 Last name Mattiace
 Social security no. 065-78-1145
 Occupation Mental health aide
 Date of birth 05/14/1990 (mm/dd/yyyy)
 Age as of 1-1-2017 26
 Daytime phone (516) 488-7153 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2017
 Daytime phone Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 186 Locust Street Apt no.. . PVT
 City. Floral Park State . . . NY ZIP code . . . 11001
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone

Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
- Check this box if you did not live with your spouse at any time during the year ►
- Check this box if you are eligible to claim your spouse's exemption (see Help) ►
- 4 Head of household
- If the 'qualifying person' is your child but not your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
- 5 Qualifying widow(er)
- Check the appropriate box for the year your spouse died 2014 ►
 2015 ►

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Age	Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2016	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
				C o d e	Not qual for child tax cr						

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ► Yes No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ► Yes No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ►
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2016 ►
 Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ► Yes No
 Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ►

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ► Yes X No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? ► Yes X No
 If you selected either of the options above, fill out the information below:
 Name of Financial Institution (optional) ► _____
 Check the appropriate box ► Checking Savings
 Routing number ► _____ Account number ► _____

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ► _____
 Balance-due amount from this return ► _____

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ►
 Check this box if you are married filing separately and your spouse itemized deductions ►
 Check this box to take the standard deduction even if less than itemized deductions ►

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ►

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ► Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ► Yes No
 Is the spouse a full-time student? ► Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ►
 Resident country ► _____ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands _____
 Excludable income from Puerto Rico _____

Dual Status Alien Return:

Check this box if you are a dual-status alien ►

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ► Yes No
 If Yes, complete the following:

Third party designee name ► _____

Third party designee phone number ► _____

Personal Identification number (enter any 5 numbers) ► _____

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ► _____

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ► _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ► _____
If the IRS sent the spouse an Identity Protection PIN, enter it here ► _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2016 ► NY

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ►

Taxpayer is a resident of the state above for only part of year ►

Date the taxpayer established residence in state above ► _____

In which state (or foreign country) did the taxpayer reside before this change? ► _____

Spouse:

Enter the spouse's state of residence as of December 31, 2016 ► _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ►

Spouse is a resident of the state above for only part of year ►

Date the spouse established residence in state above ► _____

In which state (or foreign country) did the spouse reside before this change? ► _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ►

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ►

Check if this is the joint return created to file joint state tax return (see Help) ►

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 78692

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 573531771

Issued by what state NY

Expiration Date

Issued Date

License or ID license . ► ID . ► neither . ►

New York Document Number C7LWA4BQ10

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ► ID . ► neither . ►

Personal Information Worksheet
For the Taxpayer
► Keep for your records

2016

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Nicole Middle initial . I Last name . . . Mattiace

Suffix . . .

Social security no. . . 065-78-1145 Member of U.S. Armed Forces in 2016? . . . Yes No

Date of birth 05/14/1990 (mm/dd/yyyy) age as of 1-1-2017. 26

Occupation . . . Mental health aide Daytime phone . . . (516) 488-7153 Ext . . .

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2016 ► 2016 . ► 2015 . ► 2014 . ► Before 2014 . ►

Are you retired on total and permanent disability? (for Schedule R, see Help). ► Yes No

Check if this person is legally blind ► Yes No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return? ► Yes No

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? ► Yes No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2016? ► Yes No

4 Did your earned income exceed one-half of your support? ► Yes No

5 Was at least one of your parents alive on December 31, 2016? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 NY

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016

Unreimbursed medical expenses paid for qualifying person in 2016

Employment taxes paid for dependent care providers in 2016

Full-time student for 5 calendar months during 2016? ► Yes No

Disabled person who was not physically or mentally capable of self-care? ► Yes No

This person is a qualifying person for the child and dependent care credit ► Yes No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November

Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months	<input checked="" type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>
-----------	-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type						Check Full Year or Months Exempt for Each Type					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
						Full Year . . . ►					
						Full Year . . . ►					
						Full Year . . . ►					

Student Information Worksheet

2016

► Keep for your records

Name of Student Nicole I Mattiace	Social Security Number 065-78-1145
--------------------------------------	---------------------------------------

Part I – Student Status

- 1 Was this person a student during 2016? Yes No
- 2 What kind of school did the student attend during 2016? (Check all that apply.)

<input type="checkbox"/> a Elementary	<input checked="" type="checkbox"/> c College (postsecondary)	e <input type="checkbox"/> Military academy
<input type="checkbox"/> b High school (secondary)	<input type="checkbox"/> d Vocational school	f <input type="checkbox"/> Not applicable
- 3 Did the student receive scholarships or other education assistance? Yes No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2016? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2016? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ► _____
- 9 In how many prior years has a Hope Credit been claimed for this student? ► _____

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No
Did not take at least half-time workload

- 2 Is this student qualified for the Lifetime Learning Credit? Yes No

- 3 Is this student qualified for the Tuition and Fees Deduction? Yes No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Received 2015 1098T with Box 2 filled and box 7 checked? ↗				
	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Farmingdale State College 16-1514621	2350 Broadhollow Road Farmingdale NY 11735	2,592.	1,080.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a foreign address: foreign province/state: Postal code:	Country:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a foreign address: foreign province/state: Postal code:	Country:				
Totals		2,592.	1,080.		

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .			
b Other veteran assistance or certain Indian tribal payments . . .			
c Other tax-free employer-provided assistance			
d Total			
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	1,080.		
b Other scholarships, fellowships and grants			
c Total	1,080.		
3 Scholarship reported in 2016 not allocable to 2016 expense . . .			
4 Amount required to be used for other than qualified education expenses			
5 Subtract line 3 and 4 from line 2c.	1,080.		
6 Total qualified education expenses from Part VI below.	2,697.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			1,080.
8 Subtract line 7 from line 5	0.		
9 Taxable part. Add lines 4 and 8.		0.	
10 Tax-free educational assistance. Add lines 1d and 7			1,080.

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA Not Applicable
Expenses:								
1 Tuition paid from Part IV . . .	2,592.	2,592.	2,592.	2,592.	2,592.	2,592.	2,592.	
Paid to institution as a condition of enrollment:								
2 Fees								
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	105.	105	105	105	105	105		
4 Books, supplies, equipment								
5 Other course-related . . .								
6 Room and board								
7 Special needs expenses . . .								
8 Computer expenses								
9 QTP or ESA contribution .								
10 Academic tutoring								
11 Uniforms.								
12 Transportation								
13 Total qualified expenses . .	2,697.	2,697.	2,697.	2,697.	2,697.	2,697.	2,592.	
Adjustments:								
14 Refunds								
15 Tax-free assistance	1,080.	1,080.	1,080.	1,080.	1,080.	1,080.	1,080.	
16 Deducted on Sched A . . .								
17 Used for credit or deduction								
18 Used for exclusion		0.	0.	0.				
See tax help								
19 Total adjustments.	1,080.	1,080.	1,080.	1,080.	1,080.	1,080.	1,080.	
20 Adjusted qualified expenses	1,617.	1,617.	1,617.	1,617.	1,617.	1,617.	1,512.	0.

Part VII – Education Credit or Deduction Election

- | | |
|---|---|
| 1 Elect credit or deduction which results in best tax outcome.
2 Elect the American Opportunity Credit
3 Elect the Lifetime Learning Credit
4 Elect the tuition and fees deduction
5 Not applicable | <input checked="" type="checkbox"/> X

 |
|---|---|

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q		
2 Adjusted Qualified Higher Education Expenses		
3 Qualified Higher Education Expenses applied to QTP distributions		
4 Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q.		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

- | | |
|---|---|
| 1 Total proceeds from U.S. Savings Bonds cashed during 2016 for this student.
2 Adjusted Qualified Higher Education Expenses
3 Qualified Higher Education Expenses applied to exclusion of U.S. bond interest
4 Interest included in line 1
5 Name and address of eligible educational institution(s) attended: | _____

_____ |
|---|---|

Institution Name

Institution Name

Street address

Street address

City

State Zip Code

City

State Zip Code

► Keep for your records

Name(s) Shown on Return Nicole I Mattiace	Social Security Number 065-78-1145
--	---------------------------------------

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	54,307.		54,307.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	8,817.		8,817.
3 & 7	Total social security wages/tips	56,607.		56,607.
4	Total social security tax withheld	3,510.		3,510.
5	Total Medicare wages and tips	56,607.		56,607.
6	Total Medicare tax withheld	821.		821.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	15,054.		15,054.
b	Elective deferrals to qualified plans	6,928.		6,928.
c	Roth contributions to 401(k) & 403(b) plans . . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	8,126.		8,126.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	2,300.		2,300.
16	Total state wages and tips.	54,307.		54,307.
17	Total state tax withheld	2,838.		2,838.
19	Total local tax withheld.			

► Keep for your records

Name Nicole I Mattiace	Social Security Number 065-78-1145
---------------------------	---------------------------------------

**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No . 065-78-1145**b** Employer's ID number 14-6013200**c** Employer's name, address, and ZIP code

State of New York

Street 110 State StreetCity AlbanyState NY ZIP Code 12236

Foreign Country _____

d Control number . _____ **Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst Nicole M.I. ILast Mattiace Suff. _____**f** Employee's address and ZIP codeStreet 186 Locust Street, Apt. PVTCity Floral ParkState NY ZIP Code 11001

Foreign Country _____

1 Wages, tips, other compensation
54,307.14**3** Social security wages
56,606.99**5** Medicare wages and tips
56,606.99**7** Social security tips
Verification Code _____**11** Nonqualified plans
_____**12** Enter box 12 below**13** Statutory employee
 Retirement plan
 Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4 . . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse . . . _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse . . . _____

G: Employer is **not** a state or local government

Box 12 Code	Box 12 Amount			
DD	8,126.04			
EE	6,928.31			

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	146013200	54,307.14	2,837.96

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
414H	2,299.85	NY IRC 414(h) Subject to NY tax

Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
 - not covered by employer
 - months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the

Check this box once you are finished with all the healthcare related entries.

Taxpayer's name <u>Nicole I Mattiace</u>	Social Security No. <u>065-78-1145</u>
---	---

1098-T Information (Required):

- A A Form 1098-T was received from this institution for 2016. Yes No
- B A Form 1098-T was received from this institution for **2015** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A If student is Nicole

Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► Nicole

- B If student is _____

Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>Farmingdale State College</u>	1 Payments received for qualified tuition and related expenses \$ _____
Street address <u>2350 Broadhollow Road</u>	2 Amounts billed for qualified tuition and related expenses. \$ <u>2,592.</u>
City <u>Farmingdale</u> State <u>NY</u> Zip Code <u>11735</u>	3 If this box is checked, your educational institution has changed its reporting method for 2016. <input type="checkbox"/>
Foreign province/county	
Foreign postal code	4 Adjustments made for a prior year \$ _____
Foreign country	5 Scholarships or grants \$ <u>1,080.</u>
Filer's Federal identification number <u>16-1514621</u>	6 Adjustments to scholarships or grants for a prior year \$ _____
Student's Taxpayer Identification Number. <u>065-78-1145</u>	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 ► <input type="checkbox"/>
Student's name <u>Nicole</u>	
Street address <u>186 Locust Street</u> Apt. No. <u>PVT</u>	
City <u>Floral Park</u> State <u>NY</u> Zip Code <u>11001</u>	
Service Provider/ Acct No	8 Check if at least half-time student ► <input type="checkbox"/>
	9 Checked if a graduate student ► <input type="checkbox"/>
	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A Enter box 1 amount **not** paid during 2016 _____
- B Enter box 1 amount actually paid during 2016 _____

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

- A Enter box 2 amount **not** paid during 2016 0.
- B Enter box 2 amount actually paid during 2016 2,592.

Reconciliation of Box 5, Scholarships or Grants

- A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____
- B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____
- C Portion of box 5 amount from scholarships or grants 1,080.
- D Box 5 amount includes veteran- or employer-provided educational assistance

Tax Payments Worksheet

2016

► Keep for your records

Name(s) Shown on Return <u>Nicole I Mattiace</u>	Social Security Number <u>065-78-1145</u>
---	--

Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/18/16		04/18/16			04/18/16		
2 06/15/16		06/15/16			06/15/16		
3 09/15/16		09/15/16			09/15/16		
4 01/17/17		01/17/17			01/17/17		
5							
6							
7							
8 Tot Estimated Payments							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2016					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2016 extensions					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2	8,817.		2,838.			
11 Forms W-2G						
12 Forms 1099-R						
13 Forms 1099-MISC, 1099-K and 1099-G						
14 Schedules K-1						
15 Forms 1099-INT, DIV and OID						
16 Social Security and Railroad Benefits						
17 Form 1099-B	St	Loc				
18 a Other withholding	St	Loc				
b Other withholding	St	Loc				
c Other withholding	St	Loc				
d Positive Adjustment	St	Loc				
e Negative Adjustment	St	Loc				
f Additional Medicare Tax						
19 Total Withholding Lines 10 through 18f	8,817.		2,838.			
20 Total Tax Payments for 2016	8,817.		2,838.			

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2015 extensions				
22 2015 estimated tax paid after 12/31/2015				
23 Balance due paid with 2015 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return Nicole I Mattiace	Social Security Number 065-78-1145
--	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	54,307.	_____	54,307.
7 a Taxable employer-provided adoption benefits.	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	54,307.	_____	54,307.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	54,307.	_____	54,307.
11 Scholarship or fellowship income not on W-2	0.	_____	0.
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	54,307.	_____	54,307.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	54,307.	_____	54,307.
17 Net self-employment loss	_____	_____	_____
18 Alimony received.	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	54,307.	_____	54,307.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	54,307.	_____	54,307.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	54,307.	_____	54,307.

Education Tuition and Fees Summary

2016

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

Your Social Security No.
065-78-1145

Part I - Qualified Education Expense Summary

(a) Student's name	(b) Qualified Education Expenses	(c) Qualified for:		(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
		Yes	No		
First Name Nicole	MI				
Last Name Mattiace	Suffix				
Social Security Number 065-78-1145					X
		Amer Opp Cr . . . ►	X		
		Lifetime Cr . . . ►	X		
		Tuition Ded . . . ►	X		
		Total Qualified Expenses			
		Amer Opp Cr . . . ►			
		Lifetime Cr . . . ►			
		Tuition Ded . . . ►			
		Total Qualified Expenses			
		Amer Opp Cr . . . ►			
		Lifetime Cr . . . ►			
		Tuition Ded . . . ►			
		Total Qualified Expenses			
Total qualified expenses	1,617.	American Opportunity Credit			
	1,617.	Lifetime Learning Credit			
	1,617.	Tuition and Fees Deduction			

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 Launch OPTIMIZER - Check to launch Automatic Education Expense Optimizer now ►
- 2 Automatic - Check to use the Credit choices calculated in Part I, column (e) above ►
- or
- 3 Manual - Check to use the Credit choices you entered in Part I, column (d) above ►

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1 Total 2016 tuition and fees paid for purposes of deduction.	1	1,617.
2 Modified adjusted gross income	2	54,307.
3 Maximum deduction allowed	3	4,000.
4 Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	1,617.

American Opportunity, Lifetime Learning Credits Summary

5 Tentative American Opportunity Credit	5	
6 Tentative Lifetime Learning Credit	6	
7 Total Education Credits (after limitations)	7	0.

Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return Nicole I Mattiace	Social Security Number 065-78-1145
--	---------------------------------------

2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,386.		85.	
Totals . . .			2,386.		85.	

Other Tax and Income Information

		2015	2016
1 Filing status	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	2,425.	2,838.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	47,308.	52,690.
6 Tax liability for Form 2210 or Form 2210-F	6	5,093.	6,353.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2015	2016
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

		2015	2016
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:	a 2016 . . .	16 a	
	b 2015 . . .	b	
	c 2014 . . .	c	
	d 2013 . . .	d	
	e 2012 . . .	e	
	f 2011 . . .	f	

Federal Carryover Worksheet page 2

2016

Nicole I Mattiace

065-78-1145

Loss and Expense Carryovers (cont'd)						2015	2016			
17 AMT Nonrecap'd net Sec 1231 losses from:			a 2016 . . .	b 2015 . . .	c 2014 . . .	d 2013 . . .	e 2012 . . .	f 2011 . . .	17 a	
									b	
									c	
									d	
									e	
									f	
Credit Carryovers						2015	2016			
18 General business credit			18							
19 Adoption credit from:			19 a							
a 2016			b							
b 2015			c							
c 2014			d							
d 2013			e							
e 2012			20 a							
20 Mortgage interest credit from:			b							
a 2016			c							
b 2015			d							
c 2014			21							
d 2013			22							
21 Credit for prior year minimum tax			23							
22 District of Columbia first-time homebuyer credit										
23 Residential energy efficient property credit										
Other Carryovers						2015	2016			
24 Section 179 expense deduction disallowed			24							
25 Excess foreign housing deduction:			25 a							
a Taxpayer (Form 2555, line 46)			b							
b Taxpayer (Form 2555, line 48)			c							
c Spouse (Form 2555, line 46)			d							
d Spouse (Form 2555, line 48)										
Charitable Contribution Carryovers										
26 2015 Carryover of charitable contributions from:			Other Property		Capital Gain					
			(a) 50%		(c) 30%					
			(b) 30%		(d) 20%					
			a 2015							
			b 2014							
			c 2013							
d 2012										
e 2011										
27 2016 Carryover of charitable contributions from:			Other Property		Capital Gain					
			(a) 50%		(c) 30%					
			(b) 30%		(d) 20%					
			a 2016							
			b 2015							
			c 2014							
d 2013										
e 2012										
28 Amount overpaid less earned income credit						2,372.				

2015 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Two-Year Comparison

2016

Name(s) Shown on Return Nicole I Mattiace		Social Security Number		
Income	2015	2016	Difference	%
Wages, salaries, tips, etc	47,308.	54,307.	6,999.	14.79
Interest and dividend income.				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above.				
Total Income	47,308.	54,307.	6,999.	14.79
Adjustments to Income		1,617.	1,617.	
Adjusted Gross Income	47,308.	52,690.	5,382.	11.38
Itemized Deductions				
Medical and dental				
Income or sales tax	2,425.	2,838.	413.	17.03
Real estate taxes				
Personal property and other taxes.				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous	0.	0.	0.	
Phaseout of itemized deductions				
Total Itemized Deductions	2,425.	2,838.	413.	17.03
Standard or Itemized Deduction	6,300.	6,300.	0.	0.00
Exemption Amount	4,000.	4,050.	50.	1.25
Taxable Income	37,008.	42,340.	5,332.	14.41
Income tax	5,093.	6,353.	1,260.	24.74
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	5,093.	6,353.	1,260.	24.74
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	5,093.	6,353.	1,260.	24.74
Withholding	7,465.	8,817.	1,352.	18.11
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	7,465.	8,817.	1,352.	18.11
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	2,372.	2,464.	92.	3.88
Balance Due				

Current year effective tax rate 12.06 %

Tax Summary
► Keep for your records

2016

Name (s)
Nicole I Mattiace

Total income	54,307.
Adjustments to income	1,617.
Adjusted gross income	52,690.
Itemized/standard deduction	6,300.
Exemption amount	4,050.
Taxable income	42,340.
Tentative tax	6,353.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	6,353.
Total payments	8,817.
Estimated tax penalty	
Amount Overpaid	2,464.
Refund	2,464.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you claimed a tuition and fees deduction.

Compare to U. S. Averages

2016

► Keep for your records

Name(s) Shown on Return <u>Nicole I Mattiace</u>	Social Security No <u>065-78-1145</u>
---	--

Your 2016 adjusted gross income (AGI) 52,690.
National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	54,307.	63,880.
Taxable interest		867.
Tax-exempt interest		5,268.
Dividends		3,821.
Business net income		17,229.
Business net loss		6,533.
Net capital gain		7,649.
Net capital loss		2,302.
Taxable IRA		15,236.
Taxable pensions and annuities		26,097.
Rent and royalty net income		8,704.
Rent and royalty net loss		8,538.
Partnership and S corporation net income		20,740.
Partnership and S corporation net loss		10,465.
Taxable social security benefits		16,860.
Medical and dental expenses deduction		9,710.
Taxes paid deduction	2,838.	6,746.
Interest paid deduction		7,629.
Charitable contributions deduction		3,178.
Total itemized deductions	2,838.	19,603.
Child care credit		564.
Education tax credits		1,282.
Child tax credit		1,620.
Retirement savings contributions credit		166.
Earned income credit		265.
Other Information	Actual Per Return	National Average
Adjusted gross income	52,690.	72,213.
Taxable income	42,340.	48,901.
Income tax	6,353.	6,618.
Alternative minimum tax		1,511.
Total tax liability	6,353.	6,973.

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
A	Tax 6,353.
Check if from:	
1	Tax table
2	Qualified Dividends and Capital Gain Tax Worksheet
3	Form 8615
B	Recapture tax from Form 8863
C	Tax. Add lines A and B. Enter the result here and on line 28. 6,353.

Electronic Filing Instructions for your 2016 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$342.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at http://www.nystax.gov/ .
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns
2016 New York Tax Return Summary	Taxable Income \$ 47,040.00 Total Tax \$ 2,696.00 Total Payments/Credits \$ 3,038.00 Amount to be Refunded \$ 342.00



Department of Taxation and Finance

REV 01/25/17 TTW

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ...

16

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
NICOLE	I	MATTIACE		05141990	065781145
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)				Apartment number	School district code number 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

A Filing status

- (mark an X in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 federal income tax return?Yes No **C Can you be claimed as a dependent on another taxpayer's federal return?**Yes No **D1** Did you have a financial account located in a foreign country? (see page 14)Yes No **D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) Yes No
- (2) If Yes, enter the total amount

E (1) Did you or your spouse maintain living quarters in NYC during 2016? (see page 14) .. Yes No

- (2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months you lived in NYC in 2016
- (2) Number of months your spouse lived in NYC in 2016

G Enter your 2-character special condition code(s) if applicable (see page 14) **H Dependent exemption information (see page 15)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. 

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
065781145

Federal income and adjustments (see page 15)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
- 5 Alimony received
- 6 Business income or loss (*submit a copy of federal Schedule C or C-EZ, Form 1040*)
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
- 8 Other gains or losses (*submit a copy of federal Form 4797*)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (*also enter on line 27*)
- 16 Other income (see page 15) *Identify:* _____

- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 15) *Identify:* TUITION FEES DEDUCT

- 19 Federal adjusted gross income (*subtract line 18 from line 17*)

Whole dollars only

1	54307 .00
2	.00
3	.00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	.00
12	.00
13	.00
14	.00
15	.00
16	.00
17	54307 .00
18	1617 .00
19	52690 .00

New York additions (see page 16)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)
- 22 New York's 529 college savings program distributions (see page 16)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	.00
21	2300 .00
22	.00
23	.00
24	54990 .00

New York subtractions (see page 17)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
- 26 Pensions of NYS and local governments and the federal government (see page 17)
- 27 Taxable amount of social security benefits (*from line 15*)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 18)
- 30 New York's 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31
- 33 New York adjusted gross income (*subtract line 32 from line 24*)

25	.00
26	.00
27	.00
28	.00
29	.00
30	.00
31	.00



32	.00
33	54990 .00

Standard deduction or itemized deduction (see page 20)

- 34 Enter your **standard deduction** (*table on page 20*) or your **itemized deduction** (*from Form IT-201-D*)
Mark an **X** in the appropriate box: Standard - or - Itemized
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 20*)
- 37 Taxable income (*subtract line 36 from line 35*)

34	7950 .00
35	47040 .00
36	000.00
37	47040 .00

201002161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
NICOLE I MATTIACE	065781145

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	47040 .00
39 NYS tax on line 38 amount (see page 21)	39	2696 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 22)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2696 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	2696 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC resident tax on line 38 amount (see page 22).....	47	.00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base....	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00

See instructions on
pages 22 through 25 to
compute New York City and
Yonkers taxes, credits, and
surcharges, and MCTMT.

**59 Sales or use tax (see page 26; do not leave line 59 blank)**

59	0 .00
-----------	-------

Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60 Total voluntary contributions (add lines 60a through 60n)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2696 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



62 Enter amount from line 61

Your social security number
065781145

62 2696 .00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	.00
63a Family tax relief credit	63a	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	200 .00
69 NYC school tax credit (<i>also complete F on page 1; see page 29</i>)	69	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>)	71	.00
72 Total New York State tax withheld	72	2838 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2** and/or **IT-1099-R** and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 3038 .00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 342 .00

78 Amount of line 77 to be **refunded** direct
Mark one refund choice: deposit (fill in line 83) - or - paper check

78 342 .00

79 Amount of line 77 that you want applied to your
2017 estimated tax (see instructions)

79 .00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 32 for payment options.

80 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (*include this amount in line 80 or reduce the overpayment on line 77; see page 31*)

81 .00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 32)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 33) Date Amount .00

Third-party designee? (see instr.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
E-mail:			

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only

IT-272

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272*.

Your name as shown on return (<i>first name first</i>)	Your social security number
NICOLE I MATTIACE	065781145
Spouse's name (<i>first name first</i>)	Spouse's social security number

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and social security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? **1** Yes No
- If **Yes**, stop; you do not qualify for the college tuition credit or the college tuition itemized deduction.
 - If **No**, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year?** **2** Yes No
- If **Yes**, continue with Part 1 below.
 - If **No**, stop; you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

Part 1 – In the spaces provided below, complete lines A through H for up to three eligible students for whom you paid qualified college tuition expenses. (*If you are claiming expenses for more than three eligible students, see instructions.*)

	1 – Student 1	2 – Student 2	3 – Student 3			
A Eligible student's name	NICOLE I MATTIACE					
B Eligible student's social security number (SSN)	065781145					
C Is the student claimed as a dependent on your NYS return? (<i>see instructions</i>)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D EIN of college or university (<i>see instr.</i>)	161514621					
E Name of college or university (<i>see instr.</i>)....	FARMINGDALE STATE C					
F Were expenses for undergraduate tuition? (<i>see instructions</i>)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G Amount of qualified college tuition expenses (<i>see instructions</i>)	1512 .00			.00		
H Enter the lesser of line G or 10,000	1512 .00			.00		

- 3 Total qualified college tuition expenses (*Add line H, columns 1, 2, and 3; include amounts from any additional sheets. Complete Part 2 or Part 3 on the back.*) **3** 1512 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



272001161555



Part 2 – Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.

4 Credit limitation (\$200).....

4	200.00
---	--------

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit**

5	200 .00
---	---------

- If you **did not itemize your deductions** on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 3 – Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.

6 Enter the amount from **line 3**.....

6	.00
---	-----

7 Multiply **line 6** by 4% (.04). This is your **college tuition credit**

7	.00
---	-----

- If you **did not itemize your deductions** on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 4 – College tuition itemized deduction election

If you itemized your deductions on your federal return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction**

8	<input type="checkbox"/>
---	--------------------------

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on your itemized deduction schedule. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must submit** Form IT-272 with your return.

NO HANDWRITTEN ENTRIES ON THIS FORM



272002161555



**Summary of W-2 Statements**

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1**Box a** Employee's social security number for this W-2 Record

065781145
Box b Employer identification number (EIN)
146013200

Box 1 Wages, tips, other compensation

54307.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name**

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City	State	ZIP code	Country (if not United States)
ALBANY	NY	12236	

Box 12a Amount

8126.00

Code

D D

Box 14a Amount

2300.00

Description

414HSUB

Box 12b Amount

6928.00

Code

E E

Box 14b Amount

.00

Description

--

Box 12c Amount

.00

Code

--

Box 14c Amount

.00

Description

--

Box 12d Amount

.00

Code

--

Box 14d Amount

.00

Description

--

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c) **NY State information:****Box 15a**

NY State

Box 16a NYS wages, tips, etc.

N Y

54307.00

Box 17a NYS income tax withheld

2838.00

Other state information:**Box 15b**

other state

Box 16b Other state wages, tips, etc.

--

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Locality a

.00

.00

Box 18 Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name

Locality b

.00

.00

Locality a

Locality b

Do not detach.**W-2 Record 2****Box a** Employee's social security number for this W-2 Record**Box b** Employer identification number (EIN)**Box 1** Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name****Box 12a** Amount

.00

Code

--

Box 14a Amount

.00

Description

--

Box 12b Amount

.00

Code

--

Box 14b Amount

.00

Description

--

Box 12c Amount

.00

Code

--

Box 14c Amount

.00

Description

--

Box 12d Amount

.00

Code

--

Box 14d Amount

.00

Description

--

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c) **NY State information:****Box 15a**

NY State

Box 16a NYS wages, tips, etc.

N Y

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**

other state

Box 16b Other state wages, tips, etc.

--

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Locality a

.00

.00

Box 18 Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name

Locality b

.00

Locality b

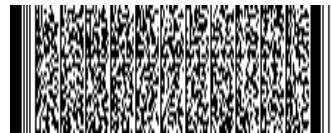
.00

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001161555



New York State Information Worksheet

► Keep for your records

2016

Part I – Personal Information

Taxpayer:			
First Name	<u>NICOLE</u>		
Middle Initial	<u>I</u>	Suffix	<u> </u>
Last Name	<u>MATTIACE</u>		
Social Security No.	<u>065-78-1145</u>		
Occupation	<u>Mental health aide</u>		
Date of Birth	<u>05-14-1990</u>		
Age as of 1-1-2017	<u>26</u>		
Date of Death	<u> </u>		
NY DL Doc ID	<u>C7LWA4BQ10</u>		
Email Address	<u>gmattiaw@gmail.com</u>		
Daytime Phone	<u>(516) 488-7153</u>		
Extension	<u> </u>		
Home Phone	<u> </u>		
Spouse:			
First Name	<u> </u>		
Middle Initial	<u> </u>	Suffix	<u> </u>
Last Name	<u> </u>		
Social Security No.	<u> </u>		
Occupation	<u> </u>		
Date of Birth	<u> </u>		
Age as of 1-1-2017	<u> </u>		
Date of Death	<u> </u>		
NY DL Doc ID.	<u> </u>		
Email Address	<u> </u>		
Daytime Phone	<u> </u>		
Extension	<u> </u>		

Check to print phone number on main form . . . Home Taxpayer daytime Spouse daytime

Mailing Address

Street Address 186 LOCUST STREET Apartment No. . . . PVT
City Floral Park State . NY ZIP Code . . 11001
Foreign code Foreign country . Foreign postal code .
Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
City State . . . ZIP Code . . .
(Below should be used by New York nonresidents only)
Foreign code _____ Foreign country . _____ Foreign postal code _____
Foreign province/county _____ Foreign province/county abbreviation _____

Foreign province/county . . . _____
New York County and School District Information

New York County and School District Information
County Nassau
School District Floral Park-Bellerose

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
 Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax
Return ►
 Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer **Spouse** If **only one spouse** has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	X	X		
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident:				
Did you receive income or withholding from Yonkers sources during your period of nonresidence?		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

New York City Residents:

Yes No

- Did you or your spouse maintain living quarters in New York City during 2016?

If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

Single
Married, filing joint
Married, filing separate

You **did not** live with your spouse at any time during the year

If both you and your spouse itemized deductions on your federal tax return:

Both you and your spouse will itemize deductions on your New York State tax returns

Both you and your spouse will take the New York standard deduction

Head of household
Qualifying widow(er)

Part IV – Credits**New York City Accumulation Distribution Credit:**

Taxpayer . . . Spouse . . .

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return

Total Build America Bond (BAB) interest included on spouse's federal income tax return

Refundable Credits Paid in Advance:

Yes No

Did you receive a check(s) from the NY Tax Department for the property tax freeze or property tax relief credits? (do **not** include any STAR credit received here)
If Yes, enter the amount ►

Check received for STAR credit ►

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

	Taxpayer	Spouse
1 a File NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
b File NYC-202	<input type="checkbox"/>	<input type="checkbox"/>
c Do not file NYC-202/NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
2 Gain (loss) from sale of business assets	<input type="checkbox"/>	<input type="checkbox"/>
3 Net rent/royalty income from business property	<input type="checkbox"/>	<input type="checkbox"/>
4 Other business income (loss)	<input type="checkbox"/>	<input type="checkbox"/>
5 Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ	<input type="checkbox"/>	<input type="checkbox"/>
6 Number of months in business in New York City during the year	<input type="checkbox"/>	<input type="checkbox"/>
7 a Use direct deposit for NYC-202/NYC-202S tax refund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Will the funds for this refund go to an account outside the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Routing number	<input type="checkbox"/>	<input type="checkbox"/>
d Account number	<input type="checkbox"/>	<input type="checkbox"/>
e 1 Account Type: Checking	<input type="checkbox"/>	<input type="checkbox"/>
2 Account Type: Savings	<input type="checkbox"/>	<input type="checkbox"/>

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.	Taxpayer	Spouse
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions

Sales or Use Tax

- 1 a If you do not owe any sales or use tax with the return, check this box
- b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box
- c If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below
- 2 If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State
- 3 Sales tax due based on the sales and use tax chart
- 4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax
- 5 Total sales or use tax due (line 2 plus line 3) 0.

Voluntary Gifts or Contributions

Return a Gift to Wildlife	Volunteer Firefighting & EMS
Missing/Exploited Children Fund	Teen Health Education Fund
Breast Cancer Research Fund	Veterans Remembrance Fund
Alzheimer's Fund	Homeless Veterans Fund
Olympic Fund (\$2 or \$4)	Mental Illness Anti-Stigma Fund
Prostate/Testicular Cancer Fund	Women's Cancers Educ Prev Fd
9/11 Memorial	Autism Fund

Part VIII – Additional Information for E-Filed returns

W-2 Verification Indicator given by NYS (See Help).

Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Part IX - Direct Deposit or Direct Debit Information

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Use direct deposit for New York tax refund?

Use electronic funds withdrawal of New York tax payment for the tax return?

Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional)

Account Type Checking Savings

Personal or business account Personal Business

Routing number

Account number

Enter the following information only if you elect direct debit of your state tax payment:

Enter the payment date to withdraw from the account above

State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above

State balance-due amount paid with this amended return

International ACH Transactions

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Electronic Filing of Estimated Payments

File Form(s) IT-2105 electronically (Check the boxes below next to the quarters you would like to file)

Qtr	Payment Amount	Payment Due Date	Date to Withdraw	Date Signed	Date Transmitted	Date Accepted	Completed
1		04/18/17	04/18/2017				
2		06/15/17	06/15/2017				
3		09/15/17	09/15/2017				
4		01/16/18	01/16/2018				

Bank Information for Estimated Payments

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional)

Account Type Checking Savings

Personal or business account Personal Business

Routing number

Account number

International ACH Transactions for Estimated Payments

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part X – Extension Status**New York State Income Tax Return (IT-201 or IT-203)****Yes No**

Tax return due date extended?

Extended due date

Amount paid with IT-370

New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)**Yes No**

Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date

Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

	Taxpayer	Spouse
1 Check the box to indicate the individual(s) who were employed by the city of New York	<input type="checkbox"/>	<input type="checkbox"/>
2 New York City department or agency where employed.	<hr/>	<hr/>
3 Date current employment with the city of New York began.	<hr/>	<hr/>
4 If employment ended in 2016, enter final date of employment	<hr/>	<hr/>
5 For married filing joint taxpaylers, file NYC-1127:		
<input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee		
<input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due		

Part XII – Other Information for Your Tax Return**2-digit special condition code number:**

- Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
- * Enter total BAB interest included on Form 1040A or Form 1040, line 8a
 - * Enter BAB interest entered above from NY state or local governments
- Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
 - Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, Application for Extension of Time to File U.S. Income Tax Return

Part XII – Other Information for Your Tax Return (continued)

- Code 56** **Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If you (or your spouse if married) qualify under a special condition for filing your 2016 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:**Yes** **No**

May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name

Designee's email address

Designee's phone number

Personal identification number

New York State Underpayment Penalty:

- Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first **2016** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203)

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):**Yes** **No**

Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

Taxpayer	Spouse

1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract

2 Long-term care insurance deduction age limitation

Part XIII— Amended Return

You are filing a current year New York amended income tax return

Payment made with original return

Refund received from original return

Tax Payments Worksheet

2016

► Keep for your records.

Name <u>NICOLE I MATTIACE</u>	Social Security Number <u>065-78-1145</u>
----------------------------------	--

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer		5 a		
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse		5 b		
6 Overpayment from previous year applied to current year		6		
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer		6 a		
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse		6 b		
7 Amount paid with current year extension		7		
8 Total tax payments		8		

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	2,838.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	2,838.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	2,300.
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	
22 Date return will be filed and balance paid	22	04/15/17

**New York State School District/County
Selection Worksheet**

2016

► Keep for your records

Name as Shown on Return <u>NICOLE I MATTIACE</u>	Social Security No. <u>065-78-1145</u>
---	---

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

New York Counties

Albany	Niagara
Allegany	Oneida
Broome	Onondaga
Cattaraugus	Ontario
Cayuga	Orange
Chautauqua	Orleans
Chemung	Oswego
Chenango	Otsego
Clinton	Putnam
Columbia	Rensselaer
Cortland	Rockland
Delaware	St. Lawrence
Dutchess	Saratoga
Erie	Schenectady
Essex	Schoharie
Franklin	Schuyler
Fulton	Seneca
Genesee	Steuben
Greene	Suffolk
Hamilton	Sullivan
Herkimer	Tioga
Jefferson	Tompkins
Lewis	Ulster
Livingston	Warren
Madison	Washington
Monroe	Wayne
Montgomery	Westchester
Nassau	Wyoming
New York City	Yates

**College Tuition Qualified Expenses
Optimization Worksheet**

2016

► Keep for your records

Name as Shown on Return
NICOLE I MATTIACE

Social Security No.
065-78-1145

Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.

- Do not list the same student more than once
- List the EIN and name of the college that was last attended
- Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

A Student's name	C Student Type	D EIN of college	F Under-graduate expense?	G Qualified college tuition expenses paid in 2016
<u>NICOLE I MATTIACE</u>		<u>16-1514621</u>	<input checked="" type="checkbox"/> Yes	
<u>065-78-1145</u>	<u>Taxpayer</u>	<u>FARMINGDALE STATE COLLEGE</u>	<input type="checkbox"/> No	<u>1512</u>
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
2 Total tuition (sum of column G)			2	<u>1512</u>
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction			3	<u>1512</u>

Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

- 1 Check this box to launch the optimizer now.** This will automatically determine whether the deduction or the credit generates the lowest tax

- Caution:** **A.** If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.
B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

- 2 Automatic - Check to use the Deduction or Credit choices calculated in column (b) below ►**
OR

- 3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. ►**

	(a) Manual: Choose Credit or Deduction	(b) Automatic: Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Check the box to use your qualified college tuition expenses as an itemized deduction	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Net Refund/Balance Due

Refund. 342
Balance Due

Two-Year Comparison

2016

Name as Shown on Return NICOLE I MATTIACE	Social Security No. 065-78-1145		
	2015	2016	Difference
			%
Federal Adjusted Gross Income	47,308.	52,690.	5,382.
New York Additions			11.38
State and local interest income			
Public employee 414(h) retirement contributions	1,471.	2,300.	829.
New York's 529 college savings program distributions			56.36
Other New York additions			
Total New York Additions	1,471.	2,300.	829.
New York Subtractions			56.36
State tax refund			
Government pension exclusion			
Taxable social security benefits			
U.S. government interest income			
Pension and annuity income exclusion			
New York's 529 college savings program deductions/earnings			
Other New York subtractions			
Total New York Subtractions			
New York Adjusted Gross Income	48,779.	54,990.	6,211.
Standard or Itemized Deduction	7,900.	7,950.	50.
Dependent exemptions			0.63
New York Taxable Income	40,879.	47,040.	6,161.
New York State tax	2,301.	2,696.	395.
New York State nonrefundable credits			17.17
Other New York State taxes			
Total New York State taxes	2,301.	2,696.	395.
New York City taxes			17.17
Yonkers City taxes			
Use tax	0.	0.	0.
Voluntary gifts/contributions			
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,301.	2,696.	395.
Withholding	2,386.	2,838.	452.
Estimated tax payments, extension payment, and amount applied from prior year return			18.94
Refundable credits		200.	200.
Total payments and refundable credits	2,386.	3,038.	652.
Underpayment penalty			27.33
Applied to next year's estimated tax			
Refund	85.	342.	257.
Balance Due			302.35